

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

| | | | |
|--|--|--|----------------------|
| 1 Date of Request: _____ | | 2 Serial/Patent # 08839873 | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED |
| <input checked="" type="checkbox"/> Filing <input type="checkbox"/> Amendment <input type="checkbox"/> Extension of Time <input type="checkbox"/> Notice of Appeal/Appeal <input type="checkbox"/> Petition <input type="checkbox"/> Issue <input type="checkbox"/> Cert of Correction/Terminal Disc. <input type="checkbox"/> Maintenance <input checked="" type="checkbox"/> Assignment <input checked="" type="checkbox"/> Other | | | 6 AMOUNT \$ 80.00 |
| | | 7 TOTAL AMOUNT OF REFUND | \$ 80.00 |
| 10 REASON: | | 8 TO BE REFUNDED BY: | |
| <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation): | | <input checked="" type="checkbox"/> Treasury Check <input type="checkbox"/> Credit Deposit A/C #: | |
| | | 9 19--0743 | |
| 11 REFUND REQUESTED BY: | | | |
| TYPED/PRINTED NAME: JT Gaynor | | TITLE: CLK | |
| SIGNATURE: [Signature] | | PHONE: _____ | |
| OFFICE: 6W30 | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | |
| APPROVED: [Signature] | | DATE: 26 Feb 98 | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
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Crystal Park One, Room 802B